WEST VIRGINIA Department of Health & Human Resources

Bureau for Behavioral Health and Health Facilities

Announcement of Funding Availability

WV Behavioral Health Referral & Outreach Call Center

Proposal Guidance and Instructions

AFA Title:
WV Behavioral Health Information, Referral & Outreach Call Center
Targeting Region: All - Statewide
AFA Number: *AFA 01-2015-BHHF-ALL*

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
350 Capital Street, Room 350
Charleston, WV 25301-3702

For Technical Assistance please include the AFA # in the subject line and forward all inquiries in writing to:
DHHRBHHFAnnouncement@wv.gov

Key Dates:	
Date of Release:	May 6, 2015
TECHNICAL ASSISTANCE MEETING:	May 20, 2015 1pm to 4pm
Letter of Intent Deadline:	May 21, 2015 - Close of Business – 5:00PM
Application Deadline:	June 15, 2015 - Close of Business–5:00PM
Funding Announcement(s) To Be Made:	On or before July 1, 2015
Funding Amount Available:	$550,000

The following are requirements for the submission of proposals to the Bureau for Behavioral Health and Health Facilities (BBHHF): The document includes general contact information, program information, administrative responsibilities, and fiscal requirements. ✓Responses must be submitted using the required AFA Application Template available at DHHR.WV.GOV/BHHF/AFA. ✓Responses must be submitted electronically via email to DHHRBHHFAnnouncement@wv.gov with the AFA Title and Number in the subject line. Paper copies of the proposal *will not* be accepted. ✓All submissions must be received no later than 5:00 PM on the application deadline. It is the sole responsibility of applicant to ensure that all required documents are received by the application deadline. Notification that the proposal was received will follow. ✓A Statement of Assurance agreeing to these terms is required of all proposal submissions available at DHHR.WV.GOV/BHHF/AFA. This statement must be signed by the agency's CEO, CFO, and Project Officer. ✓Proposals that fail to comply with the requirements provided within this document, incomplete proposals or proposals submitted after the application deadline *will not* be reviewed.

LETTER OF INTENT

Organizations planning to submit a response to this Announcement of Funding Availability (AFA) **must** submit a Letter of Intent (LOI) by **May 21, 2015 Close of Business – 5:00PM** to the email address: **DHHRBHHFAnnouncement@wv.gov** prior to submission of the proposal. Please list the AFA Title and Number found on Page 1 of this document in the email subject line. These letters of intent shall serve to document the organization's interest in providing the type of service(s) described within this AFA and will not be considered binding until documented receipt of the proposal.

RENEWAL OF AWARD

The Bureau for Behavioral Health and Health Facilities (BBHHF) may renew or continue funding beyond the initial fiscal year. Future funding will be contingent on several factors including, but not limited to, availability of funds, successful implementation of goals, and documented outcomes.

LEGAL REQUIREMENTS

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or units of local government. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed by the award notification date or the vendor must demonstrate proof of such application. It is also required that the applicants have a System for Award Management (SAM) registration and have a Dun & Bradstreet or DUNS number. For more information visit: https://www.sam.gov

The grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact with regard to all contractual matters. The grantee may, with the prior written consent of the State, enter into written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

FUNDING AVAILABLITY

This funding announcement is part of a statewide effort to create a centralized point of entry for accessing behavioral health resources. This funding recommendation was made possible through State and Federal support, with the availability of a maximum of $550,000.

Funding for the West Virginia Behavioral Health Referral & Outreach Call Center will be awarded based on accepted proposals that meet all of the required criteria contained within this document. Funding availability for this AFA is as follows:

STATEWIDE FUNDING AVAILABILITY **Not to exceed:**
$550,000

Start Up Costs

Applicants who wish to request reasonable startup funds for their programs must submit a separate "startup" target funded budget (TFB) and budget narrative along with their proposals. For the purpose of this funding, "startup costs" are defined as non-recurring (one-time) costs associated with the initiation of a program. These include costs such as fees, registrations, training, equipment purchases, renovations and/or capital expenditures.

For the purpose of proposal review, all startup cost requests submitted by the applicant will be considered to be necessary for the development of the proposed program. If, when taken together, the startup costs and first year program operations costs exceed funding availability, BBHHF may contact the applicant organization and arrange a meeting to discuss the budget and any additional information or clarification/remediation needed.

Funding Reimbursement

All grant funds are awarded and invoiced on a cost reimbursement basis. Grant invoices are to be prepared monthly and submitted with and supported by the Financial Report and Progress Report in order to receive grant funds. The grant total invoice should agree with amounts listed on the Financial Report and reflect actual expenses incurred during the preceding service period. All expenditures must be incurred within the approved grant project period in order to be reimbursed. Grantees must maintain timesheets for grant funded personnel and activities performed should be consistent with stated program objectives.

REGIONS IN WEST VIRGINIA

The West Virginia Bureau for Behavioral Health and Facilities utilizes a six (6) Region approach:

Region 1: Hancock, Brooke, Ohio, Marshall, and Wetzel Counties

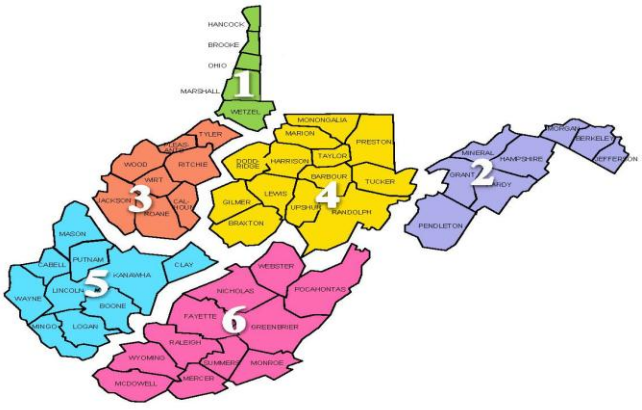
Region 2: Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton Counties

Region 3: Tyler, Pleasants, Wood, Ritchie, Wirt, Jackson, Roane, and Calhoun Counties

Region 4: Monongalia, Marion, Preston, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph, and Braxton Counties

Region 5: Mason, Cabell, Putnam, Kanawha, Clay, Wayne, Lincoln, Boone, Mingo, and Logan Counties

Region 6: Webster, Nicholas, Pocahontas, Fayette, Greenbrier, Raleigh, Summers, Monroe, Wyoming, McDowell, and Mercer Counties



Section One: **INTRODUCTION**

The West Virginia Department of Health and Human Resources' Bureau for Behavioral Health and Health Facilities (BBHHF) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The mission of the Bureau is to ensure that West Virginians with mental health and/or substance use disorders, intellectual/developmental disabilities, chronic health conditions or long term care needs experience quality services that are comprehensive, readily accessible and tailored to meet individual, family and community needs.

Within the Bureau, the Programs and Policy Section provides oversight and coordination of policy, planning, development, funding and monitoring of statewide community behavioral health services and supports. Emphasis is placed on function rather than disability, and improving planning and cooperation between facility and community-based services. Programs and Policy includes the Division on Alcoholism and Drug Abuse, Division of Adult Mental Health, Division of Child and Adolescent Mental Health, Division of Intellectual and Developmental Disabilities, and the Office of Consumer Affairs and Community Outreach.

Partnerships and collaboration among public and private systems, as well as with individuals, families, agencies and communities, are important components of the systems of care surrounding each person. The role of the Bureau is to provide leadership in the administration, integration and coordination of the public behavioral health system. The work is informed by results of a multi-year strategic planning process that includes critical partners in planning, funding and delivering services and supports.

The following Strategic Priorities guide services and service continuum development:

Behavioral Health Prevention/Promotion, Treatment and Recovery System Goals:	
Priority 1 Assessment and Planning	Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the WV behavioral health service delivery system.
Priority 2 Capacity	Build the capacity and competency of WV's behavioral health workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.
Priority 3 Implementation	Increase access to effective behavioral health prevention, early identification, treatment and recovery management that is high quality and person-centered.
Priority 4 Sustainability	Manage resources effectively by promoting good stewardship and further development of the WV behavioral health service delivery system.

Section Two: **PROGRAMMATIC DESCRIPTION**

West Virginia's behavioral health system has evolved in recent years. Infrastructure development, integrated planning and partnership expansion have been cited as key successes resulting in BBHHF's ability to: better rely on data and outcomes to inform allocation and monitoring of the behavioral health system; improve the quality of service provision through the provision of educational opportunities for providers, key stakeholders and communities; and, incorporate the consumer voice in the planning, implementation and evaluation of services.

West Virginia's publicly funded, community based behavioral health system is comprised of 13 regional Comprehensive Behavioral Health Centers, operating a combination of central and satellite offices serving all 55 counties, and a myriad of private behavioral health service provider agencies that offer either stand-alone or a mix of services for children with serious emotional disturbances, adults with serious mental illnesses, individuals with substance use disorders and persons with intellectual and developmental disabilities. Private funding sources, such as insurance companies, private businesses and individuals themselves, also influence both the availability of and manner in which behavioral health services are provided in the State. Because of this extensive network, coordination and integration of the behavioral health system is critical. Consumers and families, advocates and program managers have long recognized that service integration is a first step toward higher quality services, increased access to services, and cost efficiencies.

System–wide transformation is necessary to improve access to care and service navigation for West Virginians. The overall system goal is to build a solid foundation for sustaining an effective, integrated supportive services network throughout West Virginia. A Statewide referral and outreach call center will serve as the fulcrum for programmatic infrastructures as they work toward supporting local systems of care that will offer the right services, at the right place and at the right time. Development of a centralized call line will improve access and referral to appropriate levels of care and improve consistency in the referral mechanisms and access needed to leverage appropriate community supports.

This approach is comprised of a spectrum of effective community based services and supports which are organized in a coordinated network that provides meaningful partnerships at the local, regional and state level. A statewide referral and outreach call center will link multiple provider and provider networks serving as the foundation necessary to support system reform and enhanced functional capacity in all regions of West Virginia.

Section Three: **SERVICE DESCRIPTION**

Service: West Virginia Behavioral Health Information, Referral & Outreach Call Center

The target population includes people of all ages and backgrounds during times of crisis or when assistance is needed to identify the location of, access to or navigation of behavioral health services, intellectual and developmental disabilities services and other related services and supports throughout West Virginia. The call center will create a centralized access resource for behavioral health needs in West Virginia; a resource that addresses the top two publicly identified barriers for individuals seeking services: **access and navigation.**

The Bureau for Behavioral Health and Health Facilities (BBHHF) supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions and self-directed and/or recovery driven support services. The call center will be familiar with all such practices and should keep them in mind when developing the call center response structure.

The behavioral health information, referral and outreach call center will provide a 24 hour, year round (365 days per year) centralized call center to help individuals to identify and access behavioral health resources and services, support expanded community outreach, provide navigation support and will provide **immediate** crisis support linkage and/or assistance to overcome any barriers to access. The call center will maintain a "real time, live" data base of all available statewide service options, including residential treatment options with bed capacity updated daily, including regional/local service options. Anyone who contacts the call center will be offered education on behavioral health and information on service options in their region, as well as a facilitated referral to an appropriate level of care that is based on the individual's need, in close coordination with regional/local providers. Call center staff will track and follow-up with all callers within 48 hours in order to promote quality assurance and to support timely connectivity with needed resources. Call center staff will also monitor and track outcomes of all services engagement. This information will be used by the BBHHF to identify service system needs and gaps, support enhanced capacity and functioning of all service continuums, and guide service development statewide.

The BBHHF Office of Consumer Affairs and Community Outreach (CA/CO) will serve as the State overseer of the call center, supporting the chosen applicant to guide and promote statewide implementation. The BBHHF CA/CO will actively partner with the chosen applicant in order to support continuous quality improvement and ensure that all identified barriers are quickly evaluated and resolved with provider continuums statewide. The chosen applicant will provide at least the following deliverables as related to the development of and staffing of the 24/7/365 call center:

1. *Provide for applicant agency supported staffing with qualified and trained personnel to support 24/7, in person call taking - no "after hours" answering services may be used to meet this requirement. Provision of clinical consultation access is essential to fully meeting this deliverable.*

2. *Utilize an electronic information, referral and tracking platform that will support immediate connectivity with behavioral health, IDD and other providers statewide, making non-electronic connectivity available for providers unable to utilize an electronic system, such that all available and qualified providers may be included in the database structure.*
3. *Provide for utilization of a "real time, live" data base, inclusive of all resources, service options and system capacity in order to maintain an updated directory of regional/local service options, including bed capacity and supports and HIPPA compliant sharing of confidential files.*
4. *Immediate in-call capacity to transfer-connect callers to the providers of the more advanced supports needed during times of crisis, such as locally operated crisis teams that can provide in-person support as needed, suicide hotlines and other emergency services, including but not limited to 911. The Applicant must ensure that connectivity is established prior to disconnecting from the call.*
5. *Assist uninsured individuals in preparing applications to establish eligibility and enroll in coverage through the Marketplace and or the WV Bureau for Medical Services' on line Web application, WV inRoads.*
6. *Develop a peer-run warm line component to provide social support and complement the overall call center capacity and other existing call lines.*
7. *Provide psycho-educational support and disseminate self-help materials to callers.*
8. *Facilitate referrals for individuals to as needed treatment and/or other community supports.*
9. *Identify and partner with diverse statewide stakeholders in order to facilitate access to early and effective treatment, education, and health promotion programs and to better support West Virginians experiencing behavioral health and related issues.*
10. *Administer follow-up calls, with callers who indicate their consent to do so, within 48 hours of every initial call, again at one week, and four weeks in order to ensure that the callers obtained the services they were referred to as well as to track outcomes.*
11. *Utilize an electronic reporting format and structure that supports regular interface with BBHHF CA/CO staff regarding outcomes and / or consumer access or navigation issues.*
12. *Establish and implement a marketing plan that will create and sustain awareness of the referral and outreach center and call line capacities and promote its utilization.*
13. *Develop a Continuity of Operations Plan (COOP) to support access and continued service during times of lost power or other emergent situations wherein call volume may escalate.*

Collaborations and Memoranda of Understanding

Applicants must demonstrate in their application that efforts to ensure that a coordinated and integrated service system can/will be developed and in place to meet the complex needs of the target population. In so doing, Memoranda of Understanding (MOUs) or Letters of Agreement (LOA's) must be secured with key partnering agencies and organizations and submitted along with the application as attachments as outlined in Section G. Partnering agencies may include but are not limited to:

- The 13 Regional Comprehensive Behavioral Health Centers
- Private Behavioral Health Providers (Substance Use, Mental Health, I/DD)
- State and private psychiatric hospitals and other private hospitals with inpatient behavioral health units
- Regional Youth Service Centers (RYSC)
- Recovery Support Network/Community/Services, including peer run drop in centers

- National and State call centers/lines and like organizations (examples include the national suicide hotline, 911 for emergency assistance, 211 and Aging and Disability Resource Centers [or ADRCs])
- All other applicable providers

Since, as noted earlier, the goal of the statewide call center is to "improve access and immediate referral to appropriate levels of care and improve consistency in referral mechanisms and access needed to appropriate community supports," it is extremely important for the applicant to demonstrate in its program narrative that it either has or will have the ability to both develop and maintain excellent working relationships with all of the above identified key partners in each region of the state, in order to support timely caller referral and provider engagement. Intimate and detailed knowledge of the service continuums within each of the 6 regions will be not only be important but essential to effectively designing and, ultimately, developing and implementing the statewide call center information and referral capacity.

Section Four: **PROPOSAL INSTRUCTIONS / REQUIREMENTS**

Eligible applicants must provide proof of a valid West Virginia business license and comply with all requirements provided within this AFA. All proposals will be reviewed by the BBHHF staff for administrative compliance. Proposals that fail to comply with the requirements provided within this document, incomplete proposals or proposals submitted after the application deadline will not be reviewed. A Statement of Assurance agreeing to these terms is required of all proposal submissions to BBHHF. This statement must be signed by the applicant organization's CEO, CFO, and Project Officer. All applications passing the administrative review will be subsequently forwarded to an independent grant review team which will score the proposal narrative consisting of five areas:

A. Population of Focus and Statement of Need (10 points)
B. Proposed Evidence-Based Service/Practice (20 points)
C. Proposed Implementation Approach (50 points)
D. Staff and Organizational Experience (10 points)
E. Data Collection and Performance Measurement (10 points)

Proposal Abstract – All proposals must include a one-page proposal abstract. The abstract should include the project name, description of the population to be served, planned strategies/interventions, and a general overview of service goals and measurable objectives, including the number of people projected to be served annually. Proposal abstracts may be used for governmental reports and public release. As such, all applicants are encouraged to provide a well-developed abstract document not exceeding **35** lines in length.

Proposal Narrative – The Proposal Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be more than **35** pages; applicants ***must utilize*** 12pt. Arial or Times New Roman font, single line spacing, and one (1) inch margins. Page numbers must also be included in the footer.

Supporting Documentation – The Supporting Documentation provides additional information necessary for the review of your proposal. It consists of Sections F and G. Section F – Budget Form and Narrative has a 20 point value and must be thoroughly completed. These documents and/or attachments **will not** be counted towards the Proposal Narrative page limit; however, Section F and G together may not be more than **25** pages.

Maximum number of pages permitted for proposal submission is 60 total pages; please note that limits for the Proposal Narrative and Supporting Documentation must also be observed. All pages submitted as part of the proposal submission will count toward this maximum limit. Extraneous information not requested by this AFA, such as cover/heading pages, additional supporting documentation, etc., will be counted towards the page limit. Proposals that exceed this maximum limit and/or the limits established for the Proposal Narrative and Supporting Documentation will not be reviewed.

Section Five: **PROPOSAL OUTLINE**

All proposal submissions must include the following components without exception to be reviewed.

Abstract:

Provide a brief description of the proposed service as described in Section Four of this document.

Proposal Narrative:

A. <u>Population of Focus and Statement of Need:</u> (10 Points)

- Provide a comprehensive demographic profile of the target population in terms of race, ethnicity, language, gender, age, socioeconomic characteristics, and other relevant factors, such as literacy, citing relevant data. Identify the source of all data referenced.
- Clearly indicate the proposed geographic area to be served, by BBHHF Region and County(ies).
- Discuss the relationship of the target population to the overall population in the proposed geographic area to be served, citing relevant data. Identify the source of all data referenced.
- Describe the nature of the problem, including service gaps, and document the extent of the need (i.e. current prevalence rates or incidence data) for the target population based on available data and information. Identify the source of all data referenced. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for data that could be used are key informant interviews, newspaper articles, focus groups, local epidemiologic data, state data, and/or national data.
- Identify health disparities relating to access, use, and outcomes of the proposed service, citing relevant data. Identify the source of all data referenced.
- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective behavioral health services in the proposed geographic area to be served in a manner consistent with purpose of the AFA.
- Describe the existing stakeholders and resources in the proposed geographic area to be served which could help implement the needed infrastructure development.
- Include a Reference/Work Cited page for all data referenced within proposal in **Attachment 1**.

B. <u>Proposed Evidence-Based Service/Practice:</u> (20 Points)

- Describe the purpose of the proposed service.
- Clearly state the goals, objectives and strategies for the service. These must relate to the purpose of the AFA and each of the performance measures identified in Section E: Data Collection and Performance Measurement.
- Describe all evidence-based practice(s) (EBP) that will be used and justify their use for the target population, the proposed service, and the purpose of this AFA. To verify/review EBPs visit SAMHSA's National Registry of Evidence-based Programs and Practices at http://www.nrepp.samhsa.gov/
- If an EBP does not exist/apply for the target population and/or service, fully describe the practice(s) to be implemented, explain why it is appropriate for the target population, and justify its use compared

to an appropriate, existing EBP.

- Describe how the proposed practice(s) will address the following issues in the target population, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status), language and literacy, sexual identity (sexual orientation and gender identity) and disability.
- Identify any screening tools that will be used and the basis for their selection. Please note that screening tools do not include clinical assessments, admission criteria, or intake data collection instruments.
- Describe how identified behavioral health disparities will be addressed and any suggested strategies to decrease the differences in access, service use, and outcomes among the target population. One strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care which can be found at: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15.
- Describe how the applicant organization will ensure cultural competence in service implementation. All BBHHF grantees must receive cultural competence training and ensure that no one will be discriminated against due to race, ethnicity, religion, gender, age, geography or socioeconomic status. All materials associated with awarded funding must be developed at low literacy levels for further understanding and comprehension in all West Virginia communities.
- Describe how privacy and confidentiality will be ensured throughout the entirety of the service, including collection and dissemination of data, consumer feedback, etc.

C. Proposed Implementation Approach: (50 Points)

- Provide a one (1) year/twelve (12) month chart or graph depicting a realistic timeline of the service. The timeline must include the key activities and staff(s)/partners responsible for action through all phases, including but not limited to planning/development, implementation, training/consultation, initiation of any proposed strategies, intervention(s) or EBPs, data collection/reporting, and quality assurance. Please be sure to demonstrate that the project can be implemented and that delivery of the service can begin as soon as possible, no later than six (6) months post award. Note: The timeline should be included as part of the Proposal Narrative. It must not be placed in an attachment.
- Describe how achievement of the proposed goals, objectives, and strategies identified for the service will produce meaningful and relevant results in the community (e.g., increase access, availability, prevention, outreach, pre-services, treatment and/or recovery) and demonstrate the purpose of the AFA.
- Describe the proposed service activities and how they relate to the goals, objectives and strategies, how they meet the identified infrastructure needs, and how they fit within or support the development of the statewide continuum of care.
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project with a letter of support and/or Memorandum of Understanding (MOU). Please include letters of support and MOUs from community organizations and/or partners supporting the project in **Attachment 2**.

- Describe how the applicant will work across systems to ensure that services provided to the target population are coordinated and considered by multiple levels and systems.
- Clearly state the unduplicated number of individuals to be served (annually) with the project grant funds, including the types and numbers of services to be provided. Include the projections for sub-population (family/primary supports) served separate from projections for the targeted population.
- Describe any additional training to be sought and utilized in the development of the service, identifying key training components (by title) and their relevance. All applicants must ensure that staff receive training in suicide and risk assessment; lethality assessment; prevention, trauma informed practice and effective gatekeeping, including system-wide resource knowledge.
- Describe how the applicant will screen and/or assess clients for the presence of co-occurring/co-existing mental health, substance use and intellectual/developmental disorders and use the information obtained from the screening and/or assessment to facilitate appropriate referral to treatment for the persons identified as having such disabilities.
- Describe how the applicant will ensure the ongoing input of the target population in planning, implementing, and assessing the proposed service. Describe the feedback loop between the target population, the applicant organization, partners/key stakeholders, and the BBHHF in all implementation stages of the project.
- Describe how the applicant will assist uninsured individuals in preparing applications to establish eligibility and enroll in coverage through the Marketplace and or WV inRoads. Also describe how the applicant will ensure the utilization of other non-BBHHF revenue realized from the provision of services to the fullest extent possible, using BBHHF grant funds only to serve individuals for whom coverage has been formally determined to be unaffordable or for underinsured people for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of the BBHHF grant funds).
- Describe how the Center/Call Line will be marketed and promoted to support statewide, county to county awareness of its existence and ensure that citizens have the call number information readily available to them.
- Identify the potential barriers to successful implementation of the proposed service and describe all proposed strategies to overcome them.
- Describe the applicant's plan to continue the proposed service after the BBHHF grant funding period ends. Also, describe how service continuity will be maintained if and when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time.
- Describe the facility(ies) to be utilized, if any, for the service. This includes an existing facility already owned and operated by the applicant organization, or a facility for which the applicant organization has a detailed business plan for acquisition, leasing, or other manner of habitation. The BBHHF is available to discuss what options may exist for securing a building or other location in the event that a location is not readily available. If the applicant organization wants to speak to the BBHHF regarding what options may exist, these discussions must occur prior to submission of the proposal. Any architectural plans or diagrams that may exist may be included in **Attachment 1**

D. Staff and Organization Experience: (10 Points)

- Discuss the capability and experience of the applicant organization. Demonstrate that the applicant organization has linkages to the target population and ties to grassroots/community-based organizations that are rooted in the culture of the target population.
- Provide a complete list of staff positions for the service, including the Project Officer and other key personnel, reflecting the role of each position, their level of effort/involvement and qualifications.
- Discuss how the key personnel have demonstrated experience, are qualified to serve the target population and are familiar with the applicable culture.
- Provide documentation of the applicant's staff's professional credentials for implementing/operating the call line. All applicants must provide evidence that adequate clinical oversight is available 24/7.

E. Data Collection and Performance Measurement: (10 Points)

- Describe the applicant's plan for data collection, management, analysis, and reporting on the required performance measures, ***as specified in Section Six***: Expected Outcomes / Products of this AFA. Specify and justify any additional measures or instruments proposed to be used.
- Describe the data-driven, quality improvement process by which any and all target population disparities in access, use, and outcomes will be tracked, assessed, and reduced.
- Describe how data will be used by the applicant to manage the service at a systems level to ensure that the goals, objectives, and strategies are tracked and achieved.
- Describe how information related to process and outcomes will be routinely communicated to the target population, staff, governing and advisory bodies, and other stakeholders.

Supporting Documentation:

F. Budget Form and Budget Narrative: (20 Points) *All requirements set forth in Section F must be included in* ***Attachment 3***

- Include a proposed Target Funding Budget (TFB) with details by line item, including sources of other funds where indicated on the BBHHF TFB form.
  - Include expenses for attending all BBHHF-required meetings and trainings.
- Include a Budget Narrative word document with specific details on how funds are to be expended.
  - The Budget Narrative clarifies and supports the TFB. The Budget Narrative should clearly/specify the intent of and justify each line item included in the TFB.
- Describe any potential for other funds or in kind support. Please include a description of such funds as a supplement to the Budget Narrative word document.
- Prepare and submit a separate BBHHF TFB form for any capital or start-up expenses and attach this separate TFB form to the coordinating Budget Narrative word document.
- Additional financial information and requirements are located in **Appendix A**.

All forms referenced in Section F: Budget Form and Budget Narrative can be accessed through the BBHHF web-site at: http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.aspx

Targeted Funding Budget (TFB) Instructions available at:
http://www.dhhr.wv.gov/bhhf/forms/Documents/FY%202014%20BHHF%20TFB%20Instructions.pdf

G. Attachments 1 through 3: (no Points assigned)

- **Attachment 1:** Reference/Work Cited Page (to include all proposal data citations); Facility/site diagrams (if applicable/available)
- **Attachment 2:** Letters of Support / Memorandum's of Understanding (MOU)
- **Attachment 3:** Targeted Funding Budget(s) and Budget Narrative(s)

Section Six: **EXPECTED OUTCOMES / PERFORMANCE MEASURES**

Expected Outcomes:

Goal 1: Create a centralized resource in West Virginia that decreases access and navigation barriers to receiving behavioral health services

Goal 2: Increase the number of individuals receiving in state services in their most integrated environments, as well as;

Goal 3: Coordinate a statewide network of public and private providers to insure utilization of existing capacity and available resources

Performance Measures:

1. Maintain and provide documentation of ALL activities related to service area(s) indicated by:
   a. Number of Unduplicated calls to the Center/Call Line. This documentation must track the county of originating calls.
   b. Expediency in answering calls (immediate and by 2nd ring).
   c. Number of calls disconnected or dropped and success in reestablishing/reconnecting call. (Applicants must be able to verify callers through caller id mechanisms that are immediately documented upon receipt of the call).
   d. Number of Unduplicated Persons Served by Type of Activity.
   e. Number of Unduplicated Persons Served by Age, Gender, Race and Ethnicity, Housing Status (homeless or not homeless), Payer Source, Primary Drug, Type of Caller (Family, Professional, Self, Guardian, Friend, Significant Other, Judge/Court, School, State Hospital, Law Enforcement, Probation Officer, APS/CPS, or Psych Hospital), language Spoken, Veteran Status, Pregnant, and Disability/Diagnosis(-es) and must track by applicable county and region of WV.
2. Maintain and provide documentation related to the following:
   a. Number of Cross Planning (partnering/multi-system collaborative) initiatives and service activities implemented with other sectors, indicating the type and number.
   b. Number and type of professional development trainings attended and provided.
   c. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted.
3. Provide additional service information to include:
   a. Number and type of evidence-based practices utilized for provision of the service.

b. Number of referrals received by referral source, funding source, with disposition: accepted, unable to accept and the reason it was not accepted.
    c. Number of referrals made with disposition: accepted, unable to accept and the reason it was not accepted.
    d. Number of print materials available and disseminated for individuals unable to obtain information electronically.
    e. Number of website hits and page determinations for resources obtained.
    f. Number of individuals enrolled into healthcare plans based on referral.
    g. Track client level outcomes from referral to disposition of service and patient wellness, including but not limited to the number of business days until appointments.
    h. Track demographic and geographic reach of call line awareness, availability and use.
    i. Speed of call answers, call abandonment rate, calls by shift, calls by day, calls by county and region, and minutes until disposition of call.
    j. Acuity level of calls (Routine, urgent, emergency, information only and other), the number of Intensive Referrals and where people are referred to (state hospital, private hospital, CBHC, police and law enforcement).

4. Submit all service data reporting by the 10th working day of each month as related to the Expected Outcomes/Performance Measures.

Section Seven: **TECHNICAL ASSISTANCE**

The **Bureau for Behavioral Health and Health Facilities (BBHHF)** will provide technical assistance to all applicants through a scheduled technical assistance meeting and/or conference call as indicated on Page 1 of this document.

Technical assistance needs may also be submitted via email to: **DHHRBHHFAnnouncement@wv.gov.** All emailed technical assistance inquiries will be addressed by the BBHHF and posted to a Frequently Asked Questions (FAQ) document on the BBHHF website available at **http://www.dhhr.wv.gov/bhhf/AFA/Pages/default.aspx.**

1. Additional data resources are available at the **BBHHF website**:
http://www.dhhr.wv.gov/bhhf

2. **WV Behavioral Health Profile** (also accessible by clicking 'Resources' on DADA webpage): Contains Statewide data pertaining to behavioral health issues:
http://www.dhhr.wv.gov/bhhf/resources/Documents/2013_State_Profile.pdf

3. **WV County Profiles:** Contains county-level data pertaining to behavioral health issues, uses convenient 'at a glance' format:
http://www.dhhr.wv.gov/bhhf/Sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Research/Pages/2014-County-Profiles.aspx**Georgia Crisis & Access Line**: http://ww.mygcal.com/

4. **Georgia Behavioral Health link Home Page**:
http://www.behavioralhealthlink.com/

5. **New Mexico Crisis and Access Line**:
http://www.nmcrisisline.com/about-us/news/

6. **Tennessee Toll-Free Adult Statewide Crisis Telephone Line**:
http://tn.gov/mental/recovery/crisis_serv.shtml

7. **National Empowerment Center: So You Want to Start a Peer-Run Warmline?**
http://www.power2u.org/downloads/Warmline-Guide.pdf

8. **National Empowerment Center: Directory of Peer-Run Warmlines**:
http://www.power2u.org/peer-run-warmlines.html
9. Core Elements for Responding to Mental Health Crises
http://store.samhsa.gov/product/Core-Elements-for-Responding-to-Mental-Health-Crises/SMA09-4427

Appendix A

Other Financial Information

Allowable Costs:

Please note that Departmental Policies are predicated on requirements and authoritative guidance related to Federal grants management and administrative rules and regulations. Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-Federal funds (e.g. state-appropriated general revenue and appropriated or non-appropriated special revenue funds), unless specifically provided direction to the contrary.

Cost Principles:

For each kind of grantee organization, there is a set of Federal cost principles for determining allowable costs. Allowable costs are determined in accordance with the cost principles applicable to the organization incurring the costs. The following chart lists the kinds of organizations and the applicable cost principles. The Grantee agrees to comply with the applicable cost principles as set forth below.

If the Grantee is a:	**OMB Circulars Codified at:**
State, local or Indian tribal government use the cost principles in **OMB Circular A-87**.	DHS codified at **45 C.F.R. § 92** and **45 C.F.R. § 95** USDA codified at **7 C.F.R. § 3016**; EDUC codified at **34 C.F.R. § 80**; EPA codified at **40 C.F.R. § 31**.
Private nonprofit organization other than an (1) institution of higher education, (2) hospital, or (3) organization named in **OMB Circular A-122** as not subject to that circular use the cost principles in **OMB Circular A-122.**	DHS codified at **45 C.F.R. § 74**; USDA codified at **7 C.F.R. § 3019**; EDUC codified at **34 C.F.R. § 74**; EPA codified at **40 C.F.R. § 30**.
Educational Institution use the cost principles in **OMB Circular A-21.**	DHS codified at **45 C.F.R. § 74**; USDA codified at **7 C.F.R. § 3019**; EDUC codified at **34 C.F.R. § 74**; EPA codified at **40 C.F.R. § 30**.
Hospital use the cost principles in **Appendix E of 45 C.F.R. § 74**.	DHS codified at **45 C.F.R. § 74**; USDA codified at **7 C.F.R. § 3019**; EDUC codified at **34 C.F.R. § 74**; EPA codified at **40 C.F.R. § 30**.
For-profit organization other than a hospital and an organization named in **OMB Circular A-122** as not subject to that circular use the cost principles in **48 C.F.R. pt. 31** Contract Cost Principles and Procedures.	DHS codified at **45 C.F.R. § 74**; USDA codified at **7 C.F.R. § 3019**; EDUC codified at **34 C.F.R. § 74**; EPA codified at **40 C.F.R. § 30**.

Grantee Uniform Administrative Regulations:

For each kind of grantee organization, there is a set of Federal uniform administrative regulations. The following chart lists the kinds of organizations and the applicable uniform administrative regulations for each listed type of grantee.

If the Grantee is a:	**OMB Circulars Codified at:**
State, local or Indian tribal government use the uniform administrative requirements in **OMB Circular A-102.**	Department of Health and Human Services (DHS) codified at **45 C.F.R. § 92** and **45 C.F.R. § 95**; Department of Agriculture (USDA) codified at **7 C.F.R. § 3016**; Department of Education (EDUC) codified at **34 C.F.R. § 80**; Environmental Protection Agency (EPA) codified at **40 C.F.R. § 31**.
Private nonprofit organization, institutions of higher education, or a hospital use the uniform administrative requirements in **OMB Circular A-110**.	DHS codified at **45 C.F.R. § 74**; USDA codified at **7 C.F.R. § 3019**; EDUC codified at **34 C.F.R. § 74**; EPA codified at **40 C.F.R. § 30**.
For-profit organization use the uniform administrative requirements in **OMB Circular A-110**.	DHS codified at **45 C.F.R. § 74** USDA codified at **7 C.F.R. § 3019**; EDUC codified at **34 C.F.R. § 74**; EPA codified at **40 C.F.R. § 30**.